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AN ACT  
RELATING TO HEALTH CARE; ESTABLISHING THE ALL-PAYER CLAIMS  
DATABASE TASK FORCE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. ALL-PAYER CLAIMS DATABASE TASK FORCE--  
DUTIES--MEMBERSHIP--REPORTING.--

A. By August 1, 2013, the general services department shall contract with an entity with expertise in the field of health care cost and quality analysis and charge that entity with convening an all-payer claims database task force to identify the following:

- (1) the sources among public and private entities for health care claims data in the state and the manner in which the database may receive data from these entities;
- (2) sources of funding for the establishment and operation of an all-payer claims database, including fees for the use of data;
- (3) the possibilities afforded in state and other applicable law for a governance structure and operational entity that will provide for:
  - (a) the safe collection, management, storage and sharing of health care claims data;
  - (b) a public-private partnership to

1 manage the database's duties; and

2 (c) accountability to the public and  
3 state government;

4 (4) criteria for deeming persons eligible to  
5 receive data from the database and protocols for applying for  
6 the use of data;

7 (5) applications for the data in the  
8 database that will achieve the goal of high-quality health  
9 care while cutting health care costs; and

10 (6) entities with which the database may  
11 partner to achieve improvements in the quality and cost of  
12 health care services in the state.

13 B. The entity that convenes the all-payer claims  
14 database task force pursuant to Subsection A of this section  
15 shall invite, at a minimum, representatives of the following:

16 (1) the medical assistance division of the  
17 human services department;

18 (2) the office of health care reform of the  
19 human services department;

20 (3) the interagency behavioral health  
21 purchasing collaborative;

22 (4) the public health division of the  
23 department of health;

24 (5) the developmental disabilities supports  
25 division of the department of health;

1 (6) the corrections department;  
2 (7) the New Mexico interagency benefits  
3 advisory committee;  
4 (8) an entity with experience in the  
5 establishment or operation of a statewide electronic medical  
6 records system;  
7 (9) the university of New Mexico;  
8 (10) New Mexico state university;  
9 (11) each private insurer that offers  
10 insurance in the state, including representatives from both  
11 major medical insurers and limited insurers;  
12 (12) self-insured private employers;  
13 (13) the New Mexico primary care  
14 association;  
15 (14) the New Mexico hospital association;  
16 (15) the New Mexico medical society;  
17 (16) the New Mexico osteopathic medical  
18 association;  
19 (17) the New Mexico nurses association; and  
20 (18) a health care consumer advocacy  
21 organization.

22 C. By November 1, 2014, the task force shall  
23 compile its findings and develop recommendations pursuant to  
24 those findings and report its findings and recommendations  
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(1) the governor;

(2) the legislative health and human services committee; and

(3) the legislative finance committee.

D. As used in this section:

(1) "limited insurer" means a person authorized pursuant to the New Mexico Insurance Code to offer only a limited-benefit policy intended to supplement major medical coverage, including medicare supplement, vision, dental, disease-specific, accident-only or hospital indemnity-only insurance policies, or that only issues policies for long-term care or disability income; and

(2) "major medical insurer" means a person authorized pursuant to the New Mexico Insurance Code as a health insurer, nonprofit health service provider, health maintenance organization, managed care organization, fraternal benefit society or provider service organization to offer a hospital and medical expense-incurred policy, plan or contract in the state.